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#### S PATENT AND TRADEMARK OFFICE IN THE UNI

IN RE APPLICATION OF:

Thomas BECKERT, et al.

SERIAL NO: 10/501,236

GAU:

1615

FILED:

July 12, 2004

**EXAMINER:** 

FOR:

PHARMACEUTICAL FORMULATION FOR THE ACTIVE INGREDIENT BUDESONIDE

# **INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97**

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

Applicant(s) wish to disclose the following information.

#### REFERENCES

The applicant(s) wish to make of record the references listed on the attached form PTO-1449. Copies of the listed
references are attached, where required, as are either statements of relevancy or any readily available English
translations of pertinent portions of any non-English language references.

☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

#### **RELATED CASES**

Attached is a list of applicant's pending application(s), published application(s) or issued patent(s) which may be related to the present application. In accordance with the waiver of 37 CFR 1.98 dated September 21, 2004, copies of the cited pending applications are not provided. Cited published and/or issued patents, if any, are listed on the attached PTO form 1449.

A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

## CERTIFICATION

☐ Each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.

□ No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

### **DEPOSIT ACCOUNT**

Please charge any additional fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

Norman F. Oblon

Daniel R. Evans, Ph.D. Registration No. 55,868

Customer Number

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)



# **LIST OF RELATED CASES**

Docket Number	Serial or <u>Patent</u> <u>Number</u>	Filing or <u>Issue Date</u>	Patent Appl.  Publication No.	Inventor/ Applicant
139191US0	5,644,011	07/01/97		LEHMANN, et al.
139192US0	5,705,189	01/06/98		LEHMANN, et al.
257546US0X PCT	10/510,371	10/05/04	US2005/0154165 A1	PETEREIT, et al.
253871US0PCT*	10/501,236	07/12/04	US2005/0089571 A1	BECKERT, et al.

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME CLASS SUB FILING DATE CLASS IF APPROPRIAT						
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Examiner						Date Considered				
*Examiner: Initial if reference is considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.										